APPLICATION FOR U.S. SERVICE ACADEMY NOMINATION

Nam	onal Information of Applicant: e (Last, First, Middle Initial):		
Lega	ll Residence:	Country	
Curr	ent Mailing Address:	County:	
		County:	
Hom Date	e Telephone: ()	Age: Social Security #:	
Full	names and address of parents/guardian:		
High	School Name and Address:		
Antio		High School Telephone: ()	
Are :	you eligible for a Presidential Appointment?_		
Have	e you ever applied to another Congressional of	office, and if so, which ones?	
	e you asked your high school to send a transc		
	n did/will you take your college boards?ers of Recommendation will be coming fro		
(1)	Name:	Address:	
	Telephone:()	Relationship:	
(2)	Name:	Address:	
	Telephone:()	Relationship:	
(3)	Name:	Address:	
	Telephone:()	Relationship:	
	k, from 1st to 4th, the Academy (or Acaderest to you.	mies) for which you wish to be conside	ed, crossing out those not of
	U.S. Military Academy	U.S. Naval Academy	
	U.S. Air Force Academy	U.S. Merchant Marine Acad	lemy
Acti	vities List and Cover Letter:		
assui	ose a list of your extracurricular activities in med leadership roles. Also enclose a 1-page demy.	cover letter to Senator Leahy explaining	
Plea	se read and sign below:		
that I nomi and i imme	et the nomination eligibility criteria listed in I have checked above. I understand that in orination, <u>and</u> pass the physical examination gimeet the specific admissions standards of the ediately if I am no longer interested in the Acher individual.	rder to receive final acceptance by an Aca iven by the Department of Defense Medic e Academy I wish to attend. I agree to ad	ademy, I must receive a ral Examination Review Board, wise Senator Leahy
	Applicant Signature		Date
	MAIL TO:	SENATOR PATRICK LEAHY	